UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION						OFGS FILE NO. P/2528-40		
As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below now name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ELECTROMAGNETIC FIELD STIMULATOR DEVICE FOR ANATOMIC BIOPHYSICAL								
CHONDROPROTECTION		BITTOR DEVI	ICH TOIC THV	TIOTIL	<u>C D10</u>	<u> </u>		
the specification of which is attached hereto, unless the following box is checked:								
Was filed on 10 November 2004 as United States patent Application Number or PCT International patent								
application number PCT/EP2004/052914 and was amended on								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.								
I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
Prior Foreign or Provisional Applicati						DDIOD WITH CL + D 4 DD		
COUNTRY	APPLICATION	NUMBER	DATE OF FILING (day, month, year)			PRIORITY CLAIMED UNDER 35 U.S.C. 119		
Italy	TO2003A 00	00893	11 Novemb	11 November 2003		YES X NO		
	* "					YES NO		
						YES NO		
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)			STATUS (patented, pending, abandoned)				
<u> </u>								
 								
I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.								
SEND CORRESPONDENCE TO: OSTROLENK, FABER, GERB & SOFFEN, LLP 1180 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10036-8403 CUSTOMER NO. 2352								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
FULL NAME OF SOLE OR FIRST INVENTOR INVENTOR'S SIGNATURE ROBERTO GIARDINO			TURE		DATE			
RESIDENCE (City and either State or Foreign Country) Bologna, Italy					COUNTRY OF CITIZENSHIP Italy			
POSTOFFICE ADDRESS Via Toscana, 105/2, I-40100, Bologna, Italy								
		INVENTOR'S SIGNATURE			DATE			
RESIDENCE (City and either State or Foreign Country) Carpi, Italy				COUNTRY	OF CITIZE	NSHIP		
POST OFFICE ADDRESS								
Corso Roma, 32, I	-41012, Car	rpi Italy						

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COMBINED DECLARATION AND	OFGS FILE NO. P/2528-40				
COUNTRY	APPLICATION NUMBER	DATE OF FILE (day, month, ye			
			•	YES NO	
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				YES NO	
				YES NO	
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				YES NO	
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to be true; and further that these stateme imprisonment, or both, under Section 1 the application or any patent issued the	001 of Title 18 of the United State reon.	s Code and that such willful fa	ilse statemen	Is may jeopardize the validity of	
Stefania SETTI	FULL NAME OF THIRD JOINT INVENTOR, IF ANY Stefania SETTI		INVENTOR'S SIGNATURE		
RESIDENCE (City and either State or Ford Carpi, Italy		COUNTRY OF CITIZENSHIP Italy			
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FULL NAME OF FOURTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE	NATURE DATE		
RESIDENCE (City and either State or Foreign Country)		·	COUNTRY OF		
POST OFFICE ADDRESS			1	<u> </u>	
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City and either State or Foreign Country)		COUNTR		Y OF CITIZENSHIP	
POST OFFICE ADDRESS	······································				
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City and either State or Foreign Country)			COUNTRY	Y OF CITIZENSHIP	
POST OFFICE ADDRESS			<u> </u>		